

CLAIMS ONLY

Application Number

10/779,985

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6/24/97		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/									
2			/							
3			/							
4	X	X								
5			/							
6			/							
7			/							
8			/							
9			/							
10			/							
11			/							
12			/							
13	X	X								
14			/							
15			/							
16	X	X								
17			/							
18			/							
19			/							
20			/							
21			/							
22			/							
23			/							
24			/							
25			/							
26			/							
27			/							
28	X	X								
29			/							
30			/							
31	X	X								
32			/							
33			/							
34			/							
35			/							
36			/							
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44			/							
45			/							
46			/							
47			/							
48			/							
49			/							
50			/							
Total Indep										
Total Depend.										
Total Claims										

3
38
41